

Montana Interim Legislative Committee Children, Families, Health, and Human Services

Crisis Presentation

March 22, 2018



BENCHMARK
HUMAN SERVICES



What is a Crisis in IDD Services?

- A behavioral or psychiatric emergency in a community setting
- Dangerous or could quickly become dangerous, including possibility of serious harm to self or others
- Could jeopardize community residential placement or ability to continue living with family/could lead to institutional placement (if an option)
- May result in arrest or hospitalization



Role of IDD Mobile Crisis Services

- Quickly responds to a behavioral or psychiatric emergency in the community
- Reduces danger through on-site interventions that also prevent future escalations
- Preserves residential placement/prevents institutionalization—builds provider capacity
- Prevents arrest/incarceration/homelessness or hospitalization
- Reduces cost—IDD system, law enforcement, local hospitals/emergency departments
- Allows sustained community integration of the full IDD service population; mitigates significant impact of the 20% factor of individuals with intensive needs



Components of IDD Crisis Systems

- 24/7 hotline—single point of entry (SPOE)
- On-demand mobile crisis teams for on-site intervention, stabilization, and in-home support
- In-home services for families/residential providers
- Out-of-home placement (crisis respite homes)
- Telemedicine coverage for psychiatric support
- Out-of-home psychiatric stabilization; typically 7 days or less
- Reduction of risk/stabilization—build capacity in the individual’s and community-wide support systems
- Prevention strategy to anticipate/eliminate re-occurrence: intensive case management and provider training
- Transportation



Typical Personnel in Crisis Systems

- Psychologist/Director of Program
- Consulting Psychiatrist
- Behavior Clinicians or Board Certified Behavior Analysts (BCBAs)
- Licensed clinicians such as LCSWs
- Nursing consultation
- Direct support personnel (crisis calls/in-home/crisis respite homes)
- Collaboration with area law enforcement, jails, homeless centers, hospitals, MH facilities

Common Barriers/Solutions

- Limited funding due to Medicaid fee for service reimbursement not sufficient/unpredictable demand to cover costs—strategic allocation of state funds
- Limited provider capacity to support high need populations (increases crises)—provider training/support and no-reject approach
- Crisis respite homes expensive/fill up—build provider and crisis capacity
- Lack of crisis stabilization—MH coordination/purchase bed days
- Seen as only an IDD vs. a community issue—system analysis and state/local collaboration

Georgia IDD Crisis Services



Scope of Crisis System in Georgia

- All 159 counties have 24/7/365 mobile crisis response for IDD and Behavioral Health (BH)
- Benchmark serves 86 counties for IDD and 119 for BH crisis
- Accessed through statewide crisis line
- Currently, separate teams respond to IDD and BH calls
- BH crisis is open to anyone in the state experiencing crisis
- IDD teams serve individuals in crisis who have IDD diagnosis or dual diagnosis of IDD and BH
- Georgia DBHDD considering blending BH & IDD response teams to enhance and expedite services for dually diagnosed individuals



Components of MCRS in GA

Face-to-face Evaluation

- Available anywhere in the community, i.e.:
 - Homes
 - Schools
 - Jails
 - Street
 - EDs/Acute care hospitals
- Rapid on-site response – Less than 90 minutes average required for IDD dispatches
- Team structures for crisis response dispatches:
 - Teams are led by licensed clinician (SW, professional counselor)
 - BCBA
 - Direct Support Professional
- Focus on least restrictive disposition, including safety planning
 - But able to complete involuntary evaluation orders when necessary



Components of MCRS in GA

In-Home Supports

- In-Home Supports
 - Review of existing positive behavior support plan or development of behavior protocols led by BCBA
 - Training for family/caregivers
 - Modeling of effective behavior interventions
 - Crisis team DSP staffed in-home to assist with implementing plan over days or weeks
 - Reduces need for out-of-home placement
 - Can provide transition support for individuals returning from crisis homes

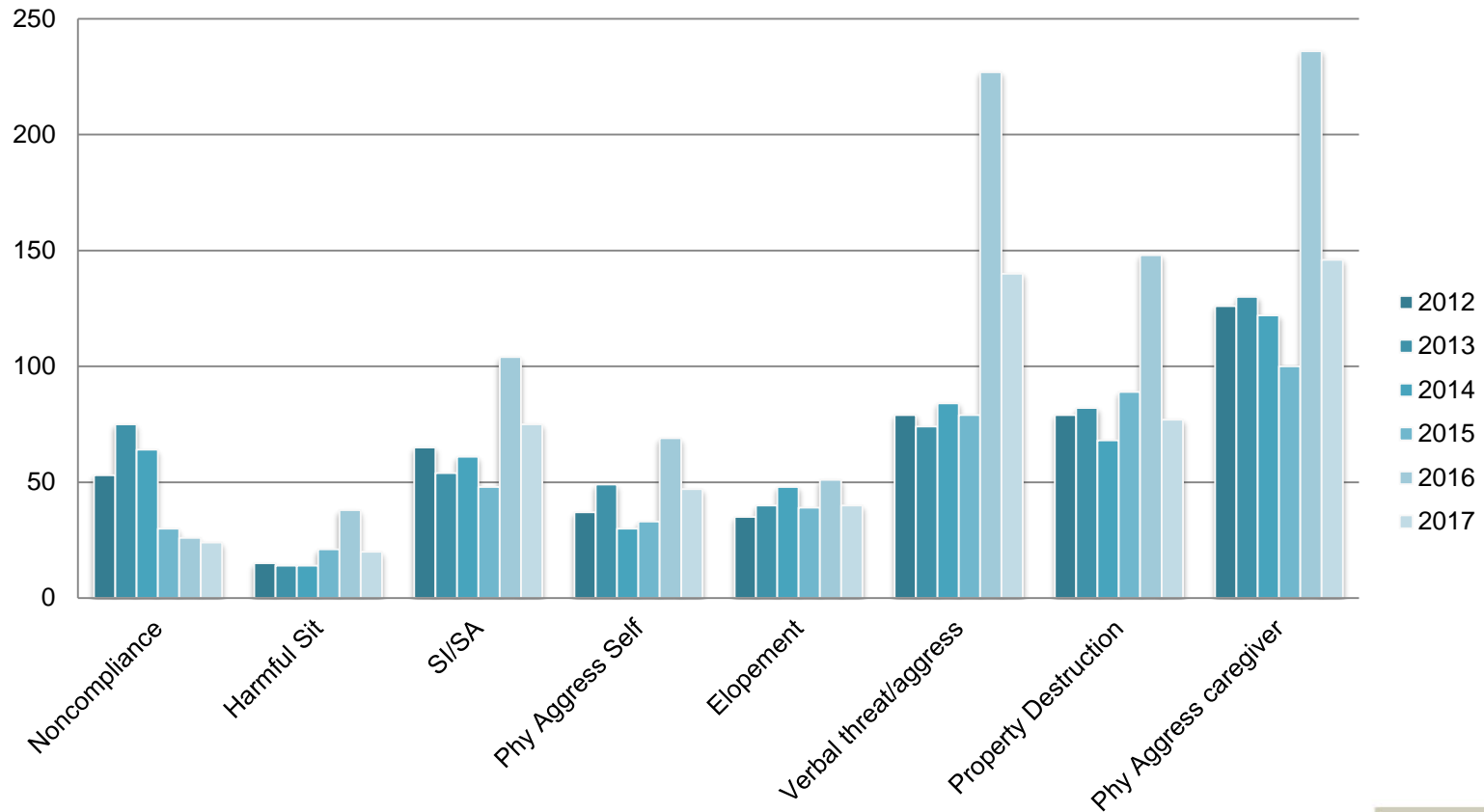


Components of MCRS in GA Crisis Respite Homes

- Community based option to avoid unnecessary hospitalization or loss of placement
- Multiple homes, regionally located
- Accept admissions on a 24 hour basis
- Short term, up to 30 day length of stay (LOS)
- Integrated teams include:
 - Psychiatrist
 - LCSW
 - BCBA
 - RN
 - LPN
 - DSP
- Focus on behavior support and discharge planning beginning at admission

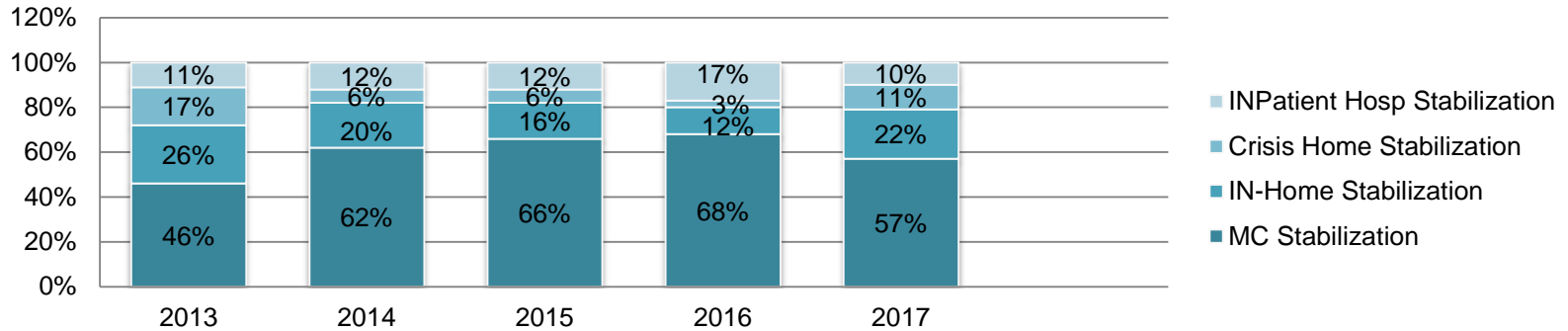
IDD MCRS Data

Presenting Problem(s) of Crisis Calls

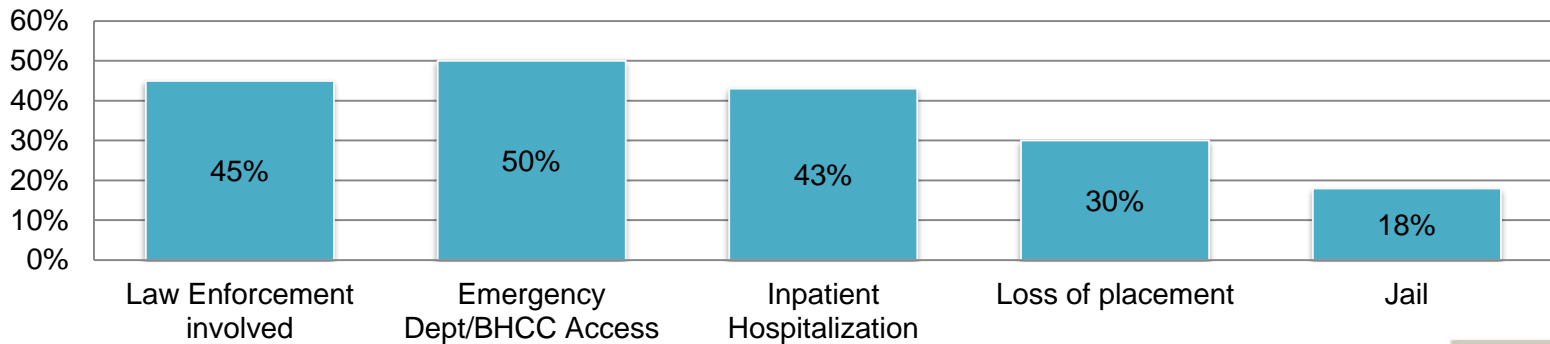


MCRS Disposition & Outcome Data

Crisis Service Provision



Potential Consequences of No Mobile Crisis Response System



THANK YOU



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